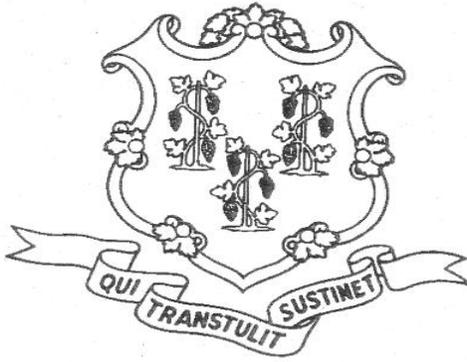


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Saint Joseph's Living Center Inc.	
Address (No. & Street, City, State, Zip Code) 14 Club Rd., Windham, CT 06280	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)                                                              (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 20397	RHNS	(Specify)	Medicare Provider 07-5321
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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### General Information

Name of Facility (as licensed) Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 1	of 37
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#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Saint Joseph's Living Center Inc. [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Laura Nelson			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Saint Joseph's Living Center Inc.		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 14 Club Rd., Windham, CT 06280				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/14/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-456-1107		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Saint Joseph's Living Center Inc.			Address (No. & Street, City, State, Zip) 14 Club Rd., Windham, CT 06280		
License Numbers:	CCNH 20397	RHNS	(Specify)	Medicare Provider No. 07-5321	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Laura Nelson			Nursing Home Administrator's License No.:	001004	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		







**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Diocese of Norwich		<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	15/1a5	871,319	871,319
Diocese of Norwich		<input type="radio"/>	<input checked="" type="radio"/>		Auto Insurance	27/14b	4,332	4,332
Christian Brothers		<input type="radio"/>	<input checked="" type="radio"/>		Pension	15/1a7	152,204	152,204
See Attached List		<input type="radio"/>	<input checked="" type="radio"/>		Pastoral	13/B12	17,800	17,800
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

## General Information and Questionnaire Leases (Excluding Real Property)

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of
Saint Joseph's Living Center Inc.			20397	9/30/2016			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine - GL 730700	08/28/12	57 months	4,512	4,512	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input type="radio"/> No
<b>Total ***</b>								4,512

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 2 Blum, Shapiro & Co. PC 3 Cornerstone Accounting Group, LLC 4	Address (No. & Street, City, State, Zip Code)  29 South Main St., PO Box 272000, West Hartford, CT 06127-2000 525 Bridgeport Ave #100, Shelton, CT 06484
------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1		\$	
2	Financial Consulting, Audited Financial Statements & Tax Form 990	\$	33,233
3	Accounting Assistance, Cost Report Preparation	\$	7,063
4		\$	
		Charge for Services Provided	
		\$	40,296

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No    Pg 15/1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Gordon & Rees LLP 2 Murtha, Cullina LLP 3 4 5	Telephone Number 860 278-7448 860-240-6000
-----------------------------------------------------------------------------------------------------------	--------------------------------------------------

Address (*No. & Street, City, State, Zip Code*)

1 95 Glastonbury Blvd Suite 206 Glastonbury, CT 06033
2 City Place 1, 185 Asylum Street Hartford, CT 06103-3469
3
4
5

Services Provided by This Firm (*describe fully*)

1	Vendor lawsuit for pricing issue (in favor of SJLC)	\$	2,248
2	Various matters including the review of dresscode, FLMA, Tax exempt status, timekeeper memorandum, audit letter, personnel i	\$	16,327
3		\$	
4		\$	
5		\$	
		Charge for Services Provided	
		\$	18,575

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No    Pg 15/1e

**Schedule of Resident Statistics**

Name of Facility Saint Joseph's Living Center Inc.			License No. 20397			Report for Year Ended 9/30/2016				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	100	100			100	100			100	100			
B. As of midnight of THIS report period	108	108			100	100			108	108			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,652	4,652			3,722	3,722			930	930			
B. Medicaid (Conn.)	24,307	24,307			17,035	17,035			7,272	7,272			
C. Medicaid (other states)													
D. Private Pay	6,468	6,468			4,698	4,698			1,770	1,770			
E. State SSI for RCH													
F. Other (Specify) MA Plans & Contracts	1,996	1,996			1,756	1,756			240	240			
G. Total Care Days During Period (3A thru F)	37,423	37,423			27,211	27,211			10,212	10,212			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	7	7							7	7			
B. Other Bed Reserve Days	32	32			24	24			8	8			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	37,462	37,462			27,235	27,235			10,227	10,227			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Saint Joseph's Living Center Inc.			License No. 20397			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents	8		77		23								
Per Diem Rate													
a. One bed rm.			218.06		445.00								
b. Two bed rms.					415.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										3,808	3,808		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										218	218		
2. Restorative Treatments													
C. Other										13,145	13,145		
D. <b>Total Physical Therapy Treatments</b>										17,171	17,171		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										107	107		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										252	252		
D. <b>Total Speech Therapy Treatments</b>										359	359		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										2,447	2,447		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										240	240		
2. Restorative Treatments													
C. Other										11,306	11,306		
D. <b>Total Occupational Therapy Treatments</b>										13,993	13,993		

### Report of Expenditures - Salaries & Wages

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	144,429	2,224				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	392,819	17,537				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	52,001	1,850				
c. Dietary Workers	347,193	25,365				
6. Housekeeping Service						
a. Head Housekeeper	19,261	1,105				
b. Other Housekeeping Workers	162,101	12,567				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	90,565	4,602				
8. Laundry Service						
a. Supervisor	19,261	1,105				
b. Other Laundry Workers	128,938	9,347				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	218,767	4,307				
b. RN						
1. Direct Care	1,308,609	41,328				
2. Administrative**	410,744	15,424				
c. LPN						
1. Direct Care	510,978	18,620				
2. Administrative**						
d. Aides and Attendants	1,596,380	114,494				
e. Physical Therapists	366,949	9,097				
f. Speech Therapists	12,379	274				
g. Occupational Therapists	230,136	7,561				
h. Recreation Workers	130,037	7,632				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	97,616	3,742				
n. Marketing						
o. Other (Specify) See Attached Schedule	19,641	1,209				
A-13. Total Salary Expenditures	6,258,806	299,391				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.



**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended			Page	of	
Saint Joseph's Living Center Inc.				20397	9/30/2016			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Saint Joseph's Living Center Inc.				20397	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Geralyn Hines - Iverson	144,429			Standard	Responsible for daily operations of facility	2,224	A2			
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Joseph's Living Center Inc.	20397	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b>						
(For all such services complete Schedule B1)						
1. Dietitian	17,381	588				
2. Dentist	13,032	135				
3. Pharmacist	8,007	144				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	64,725	563				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	400	6				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	19,700	405				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>123,245</b>	<b>1,841</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph's Living Center Inc.	20397	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 230,738	230,738		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 20,443	20,443		
4. Social Security (F.I.C.A.)	\$ 460,124	460,124		
5. Health Insurance	\$ 874,319	874,319		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 152,204	152,204		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,153	3,153		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 138,907	138,907		
d. Accounting and Auditing	\$ 40,296	40,296		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 18,575	18,575		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 40,901	40,901		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 5,633	5,633		
2. Cellular Phones	\$ 1,650	1,650		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 661,352	661,352		
<b>Subtotal</b>	\$ 2,648,295	2,648,295		

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Saint Joseph's Living Center Inc.  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Employee Physicals	\$ 3,153		
<b>Total</b>	\$ 3,153	\$ -	\$ -

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

### C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of	
Saint Joseph's Living Center Inc.	20397	9/30/2016	16	37	
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,648,295	2,648,295		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,860	1,860		
5. Education Expenses Related to Seminars and Conventions	\$	8,962	8,962		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	2,827	2,827		
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	10,176	10,176		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$	28,711	28,711		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	8,705	8,705		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	14,605	14,605		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	360	360		
9. Subscriptions	\$				
10. Contributions***	\$	533	533		
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	49,337	49,337		
12. Administrative Management Services**	\$	60,000	60,000		
13. Other ( <i>Specify</i> )	\$	195,764	195,764		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>3,030,135</b>	<b>3,030,135</b>		

\* Do not include Subscriptions, which should go in item 9.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Business Promotion	\$ 16,397		
Advertising	\$ 12,314		
<b>Total Other Advertising</b>	\$ 28,711	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 160		
CAHCF	\$ 350		
CHA	\$ 1,811		
Leading Age	\$ 12,284		
<b>Total Dues</b>	\$ 14,605	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Restricted Donation	\$ 533		
<b>Total Contributions</b>	\$ 533	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,981		
Service Charges - Bank	\$ 4,926		
Loss on Disposal of Asset	\$ 296	**	
Chapel Supplies	\$ 3,930		
Restricted Chapel	\$ 850	**	
Loss On Refinancing Of Debt	\$ 159,675		
New Hire Expenses	\$ 4,681		
Employee Relations	\$ 13,026		
Breakroom Expense	\$ 6,399		
<i>** Please do not disallow as revenue has been adjusted for</i>			
<b>Total Other Administrative and General</b>	\$ 195,764	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Healthpro Management Services, 307 International Circle, Suite 100, Hunt Valley, MD 21030	60,000	Rehab Department Software & Consulting	16/m12

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility Saint Joseph's Living Center Inc.		License No. 20397	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 316,096	316,096		
2.	Non-Food Supplies	\$ 44,765	44,765		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 360,861	360,861		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		3	3		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.	
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.	\$1,361
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)		30/IV1			
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended	Page	of
Saint Joseph's Living Center Inc.		20397	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	11,506	11,506	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Supplies		\$	13,469	13,469	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>24,975</b>	<b>24,975</b>	
<b>3F. Laundry Questionnaire</b>					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care  
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Saint Joseph's Living Center Inc.	20397	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	33,777	33,777		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	33,777	33,777		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Outside Pharmacies	\$	269,952	269,952		
b. Medicine Cabinet Drugs	\$	41,611	41,611		
c. Medical and Therapeutic Supplies	\$	228,813	228,813		
d. Ambulance/Limousine***	\$	10,236	10,236		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	39,623	39,623		
f. X-rays and Related Radiological Procedures***	\$	16,702	16,702		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	28,013	28,013		
i. Recreation	\$	24,218	24,218		
j. Other (Specify)**** See Attached Schedule	\$	39,091	39,091		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	698,258	698,258		

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Patient Care Supplies	\$ 4,305		
Physician Services Medicare	\$ 1,416		
Other	\$ 7,704		
Supplies - PT	\$ 2,965		
Supplies - OT	\$ 1,502		
Purchased Services - ST	\$ 2,160		
DME Rental	\$ 15,381		
IV Therapy Consultant	\$ 2,428		
IV Therapy Supplies	\$ 659		
IV Therapy Supplies Insurance	\$ 304		
IV Therapy Supplies Medicare	\$ 266		
<b>Total Other Resident Care</b>	\$ 39,091	\$ -	\$ -

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**Report of Expenditures**  
**Schedule C-2 - Individuals or Firms Providing Services by Contract \***

Name of Facility Saint Joseph's Living Center Inc.			License No. 20397	Report for Year Ended 9/30/2016	Page of 21   37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	PO Box 842875 Boston, MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	41,506			16	m11
Conn Computer Service Inc.	101 East Summer Street, PO Box 35, Plantsville,	<input type="radio"/>	<input checked="" type="radio"/>		Service Contracts (44,899), Repairs & Maintenance	48,072			15/22	1g/6a
Expense Consulting	811 Blue Hills Avenue Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Paid share of savings on nursing supplies (38,473),	86,882			Various	Various
Hawthorne Horticulture & Tree Care, LLC	51 Adelaide Street Danielson, CT 06239	<input type="radio"/>	<input checked="" type="radio"/>		Snow removal & lawn care	22,735			22	6f
MDI Achieve / Matrixcare	PO Box 86 Minneapolis MN 55486-	<input type="radio"/>	<input checked="" type="radio"/>		Monthly software maintenance	15,276			Various	Various
Northeast Recyclers, Inc.	48 Boston Post Road Willimantic, CT 06226	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish removal and storage rental	16,069			22	6f
North Windham Self Storage	1 Stonegate Drive North Windham, CT 06256	<input type="radio"/>	<input checked="" type="radio"/>		Storage rental	12,084			22	6f
Seventy Two Degrees	PO Box 692 Baltic, CT 06330	<input type="radio"/>	<input checked="" type="radio"/>		Repairs and maintenance	30,219			22	6a
Richard Garrison General Contractor	577 Boston Post Road North Windham, CT	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	10,764			22	6f
Willimantic Waste Paper	PO Box 239 Willimantic, CT 06226	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish removal	24,789			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

### C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Joseph's Living Center Inc.	20397	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 102,571	102,571				
b. Heat	\$ 44,523	44,523				
c. Light & Power	\$ 109,072	109,072				
d. Water	\$ 33,951	33,951				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 4,512	4,512				
f. Other ( <i>itemize</i> )	\$ 146,024	146,024				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 440,652	440,652				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 3,385	3,385				
b. Building & Building Improvements	\$ 427,195	427,195				
c. Non-Movable Equipment	\$ 49,243	49,243				
d. Movable Equipment	\$ 88,983	88,983				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 568,806	568,806				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$ 19,377	19,377				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 19,377	19,377				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 328	328				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 588,511	588,511				

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Trash Removal	\$ 27,941		
Service Contracts	\$ 78,492		
Grounds Maintenance	\$ 14,590		
Rent - Storage	\$ 25,001		
<b>Total Other Repairs and Maintenance</b>	\$ 146,024	\$ -	\$ -

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Saint Joseph's Living Center Inc.  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2016	Regrade Hill-Water Run Off	\$ 10,764	10	\$ 538
<b>Total additions for Land Improvements</b>		\$ 10,764		\$ 538
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2015	Bathroom Renovation - Room 16	\$ 4,480	15	\$ 149
10/31/2015	Vestibule wall tiles	\$ 2,040	10	\$ 102
2/28/2016	Sprinkler repairs	\$ 3,261	5	\$ 326
5/4/2016	Bathroom Renovation - Room 16	\$ 3,367	15	\$ 112
7/31/2016	Amber Door - Room 1	\$ 1,039	15	\$ 35
9/30/2016	Vinyl flooring (2) lavatories	\$ 1,900	10	\$ 95
9/30/2016	Carpet loop & lounge	\$ 21,590	5	\$ 2,159
9/30/2016	#23 Window sill - (3) SP rooms	\$ 975	20	\$ 24
9/30/2016	Paint rooms	\$ 19,250	5	\$ 1,925
<b>Total additions for Building Improvements</b>		\$ 57,902		\$ 4,928
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2015	Replace laundry hot water heater	\$ 2,808	10	\$ 140
10/31/2015	Expansion tank heating system	\$ 4,500	15	\$ 150
1/18/2016	Water heater boiler room	\$ 5,390	10	\$ 270
5/31/2016	Replace boiler control	\$ 2,700	10	\$ 135
9/30/2016	Replace shades in (3) resident rooms	\$ 1,170	5	\$ 117
9/30/2016	Replace toilet & sink in resident room	\$ 2,464	20	\$ 62
9/30/2016	Replace cabinet resident lavatory	\$ 1,025	15	\$ 34
9/30/2016	Replace closet shelving in resident room	\$ 225	20	\$ 6
9/30/2016	Replace light and mirror in resident room	\$ 285	15	\$ 10
9/30/2016	Replace grab bars in resident room	\$ 90	20	\$ 2
<b>Total additions for Non-Movable Equipment</b>		\$ 20,657		\$ 925
<b>Deletions:</b>				
9/30/2016	Dispose of non-movable equipment	\$ (5,910)		

<b>Total deletions for Non-Movable Equipment</b>		\$ (5,910)		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2015	(2) Pressure mattresses	\$ 2,400	5	\$ 240
4/30/2016	Helios kiosk	\$ 1,049	5	\$ 105
6/30/2016	Helios kiosk	\$ 1,015	5	\$ 102
7/31/2016	Helios kiosk	\$ 1,015	5	\$ 102
7/31/2016	(12) Dressers	\$ 6,129	15	\$ 204
8/31/2016	Washer & base	\$ 2,010	10	\$ 101
9/30/2016	Whirlpool refrigerator	\$ 1,098	10	\$ 55
9/30/2016	(36) Dining room chairs	\$ 9,648	15	\$ 322
9/30/2016	Donated-ARJO lift	\$ 2,500	5	\$ 250
9/30/2016	(30) Overbed trays	\$ 24,540	15	\$ 818
9/30/2016	Bedside cabinet with lamp	\$ 185	15	\$ 6
<b>Total additions for Movable Equipment</b>		\$ 51,589		\$ 2,303
<b>Deletions:</b>				
9/30/2016	Dispose of various movable equipment	\$ (9,507)		
<b>Total deletions for Movable Equipment</b>		\$ (9,507)		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility Saint Joseph's Living Center Inc.			License No. 20397		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Issuance Costs	9	2013	10	220,241	44,048			16,518	
2. Write off for Refinance				(220,241)	(60,566)				
3. Issuance Costs	6	2016	10	82,897				2,858	
A-4. Subtotal									19,376
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									19,376

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

### C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	2/17/1994			
2. Date Structure Completed	9/1/1988			
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure	10/12/1988			
5. Total Licensed Bed Capacity	120			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building	6,458,157			
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	09/20/13			
c. Interest Rate for the Cost Year	3.32%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	5,000,000			
f. Principal balance outstanding as of _____	2,822,000			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**Note:** Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility		License No.	Report for Year Ended		Page	of
Saint Joseph's Living Center Inc.		20397	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$ 5,000,000			
2. Loan Origination Date			09/20/13			
3. Interest Rate %			3.322			
4. Term			10			
5. CHEFA Interest Expense			156,385	156,385		
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 156,385	156,385		

*(Carry Subtotals forward to next page)*

**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility		License No.		Report for Year Ended		Page	of
Saint Joseph's Living Center Inc.		20397		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				156,385	156,385		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$	1,315	1,315	
A. Item		Rate	Amount				
Telephone System		3.75%	2,585				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	1,315	1,315	
12. D. Other Interest Expense (Specify)				\$			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	157,700	157,700	
14. Insurance							
a. Insurance on Property (buildings only)				\$	197,675	197,675	
b. Insurance on Automobiles				\$	4,332	4,332	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	202,008	202,008	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	11,918,926	11,918,926	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Saint Joseph's Living Center Inc.				20397	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 230,136	230,136		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 138,907	138,907		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 210	210		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	30	IV	Gifts, flowers and coffee shops	\$ 600	600		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 28,711	28,711		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 533	533		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 165,905	165,905		
<b>Page 18 - Dietary Expenditures</b>							
24.		18	Meals to employees, guests and others who are not residents	\$ 1,822	1,822		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 566,823	566,823		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8a	Chamber of Commerce Dues	\$ 360		
30	IV8	Restricted Revenue	\$ 1,695		
30	IV8	End Of Life Suite Restrict Rev	\$ 1,755		
30	IV8	Chapel-Restricted Revenue	\$ 575		
30	IV8	Rec-Restricted Revenue	\$ 150		
30	IV8	Eden-Restricted Revenue	\$ 1,195		
30	IV8	Gain On Disposal Of Asset	\$ 500		
16	m13	Loss on Refinancing of Debt	\$ 159,675		
<b>Total Other A&amp;G Adjustments</b>			\$ 165,905	\$ -	\$ -

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility			License No.	Report for Year Ended	Page	of	
Saint Joseph's Living Center Inc.			20397	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 566,823	566,823		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 269,952	269,952		
28.			Ambulance/Limousine	\$ 10,236	10,236		
29.			X-rays, etc	\$ 16,702	16,702		
30.			Laboratory	\$ 28,013	28,013		
31.			Medical Supplies	\$ 2,385	2,385		
32.			Oxygen (non emergency)	\$ 39,623	39,623		
33.			Occupational Therapy	\$ 1,502	1,502		
34.			Other - See Attached Schedule	\$ 29,660	29,660		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 1,298	1,298		
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 966,193	966,193		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Saint Joseph's Living Center Inc.  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Physician Services Medicare	\$ 1,416		
20	5j	Other	\$ 7,704		
20	5j	OT Supplies	\$ 1,502		
20	5j	DME Rental	\$ 15,381		
20	5j	IV Therapy Consultant	\$ 2,428		
20	5j	IV Therapy Supplies	\$ 659		
20	5j	IV Therapy Supplies Insurance	\$ 304		
20	5j	IV Therapy Supplies Medicare	\$ 266		
<b>Total Other Ancillary Costs</b>			\$ 29,660	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7b	Depreciation of Chapel Video System Added 12/14	\$ 1,000		
22	7c	Depreciation of Install Box Camera/Tested Audio for PA System 1/15	\$ 226		
22	7c	Depreciation on Wire Runs To Basement/Chapel Camera 1/15	\$ 72		
<b>Total Unallowable Building Interest</b>			\$ 1,298	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Saint Joseph's Living Center Inc.	20397	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 10,048,500	10,048,500			
b. Medicaid Room and Board Contractual Allowance **	\$ (19,885)	(19,885)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,938,980	1,938,980			
b. Medicare Room and Board Contractual Allowance **	\$ (791,333)	(791,333)			
4. a. Private-Pay Residents and Other	\$ 3,628,031	3,628,031			
b. Private-Pay Room and Board Contractual Allowance **	\$ (5,138,955)	(5,138,955)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 243,727	243,727			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 79,569	79,569			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 549,480	549,480			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 152,406	152,406			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 25,706	25,706			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 9,005	9,005			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 463,548	463,548			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 183,366	183,366			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (40,359)	(40,359)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (80,542)	(80,542)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,251,243	11,251,243			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 1,361	1,361			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 8,451	8,451			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 600	600			
8. Other ( <i>Specify</i> )	\$ 227,706	227,706			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 238,118	238,118			
<b>VI. Total All Revenue</b> (III +V)	\$ 11,489,361	11,489,361			

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.  
\*\* Facility should report all contractual allowances and/or payer discounts.



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph's Living Center Inc.	20397	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	2,154,237
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	628,492
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	71,708
5. Prepaid Expenses			\$	123,314
a. Prepaid - Expenses	28,503			
b. Prepaid - Insurance	94,811			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	2,900
Refundable Deposits	2,900			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	2,980,651
B. Fixed Assets				
1. Land			\$	1,220,000
2. Land Improvements	*Historical Cost	129,418	\$	28,485
	Accum. Depreciation	100,933	Net	
3. Buildings	*Historical Cost	7,944,770	\$	(2,155,271)
	Accum. Depreciation	10,100,041	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	666,822	\$	198,976
	Accum. Depreciation	467,845	Net	
6. Movable Equipment	*Historical Cost	2,038,798	\$	1,132,426
	Accum. Depreciation	906,372	Net	
7. Motor Vehicles	*Historical Cost	69,985	\$	
	Accum. Depreciation	69,985	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	3,422,584
Construction In Progress		197,942		
Cost Versus Book		3,224,642		
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	3,847,201

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph's Living Center Inc.	20397	9/30/2016	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	6,827,851
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	82,897		
	Accum. Depreciation	2,858	Net	\$ 80,039
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	80,039
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	6,907,890

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

**G. Balance Sheet (cont'd)**

Name of Facility Saint Joseph's Living Center Inc.		License No. 20397	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	318,334
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	6,928
Name of Lender		Purpose	Amount	Date Due	
UB Bank		Telephone System	6,928	03/31/17	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	809,119
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	10,692
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	7,812
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	430,977
Accrued Expense Other		91,171			
Accrued Provider Tax		191,744			
Resident Refunds & Exchange		123,040			
Resident Trust		25,022			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,583,863</b>

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility Saint Joseph's Living Center Inc.		License No. 20397	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,583,863	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 2,822,000	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 168,665	
Interest Rate Swap Obligation		168,665			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,990,665	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,574,528	

**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph's Living Center Inc.	20397	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,762,928
6. Gain or Loss for Period			\$	(429,565)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	2,333,363
<b>C. Total Reserves and Net Worth</b>			\$	2,333,363
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,907,891

### H. Changes in Total Net Worth

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	2,762,928
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	11,489,361
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	11,918,926
D. Net Income or Deficit			\$	(429,565)
E. Balance			\$	2,333,363
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	2,333,363
				09/30/16

### I. Preparer's/Reviewer's Certification

Name of Facility Saint Joseph's Living Center Inc.	License No. 20397	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address		Phone Number		
225 Pitkin Street, East Hartford, CT 06108		860-610-9009		